

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John H. Mathues

Docket:

40313.0001USI1

Title:

BEVERAGE SUPPLY SYSTEM

CERTIFICATE UNDER 37 CFR 1.10

'Express Mail' mailing label number: EV 118157633 US

Date of Deposit: June 27, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents,

P.O. Box 1450, Alexandria, VA 22313-1450.

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.

☐ CIP Patent Application: Spec. 11 pgs; 22 claims; Abstract 1 pgs.

The fee has been calculated as shown below in the 'Claims as Filed' table.

Small entity status is claimed pursuant to 37 CFR 1.27

A signed Combined Declaration and Power of Attorney

A check in the amount of \$393.00 to cover the Filing Fee

Return postcard

CLAIMS AS FILED

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee								\$375.00
Total Claims		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
22	-	20	=	2	х	9.00	=	\$18.00
Independent Claims								
2	-	3	=	0	х	42.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								
TOTAL FILING FEE								

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.

P.O. Box 2903, Minneapolis, MN 55402-0903

(303) 357-1670

PATENT TRADEMARK OFFICE

Name: John R. Wahl Reg. Nor. 33,044 Initials: JRW

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- ☐ CIP Patent Application: Spec. 11 pgs; 22 claims; Abstract 1 pgs.

The fee has been calculated as shown below in the 'Claims as Filed' table.

- ☐ 11 sheets of formal drawings
- Small entity status is claimed pursuant to 37 CFR 1.27
- A signed Combined Declaration and Power of Attorney
- A check in the amount of \$393.00 to cover the Filing Fee
- Return postcard

CLAIMS AS FILED

Number of Claims Filed		In Excess of:		Number Extra		Rate		Fee
Basic Filing Fee				7				\$375.00
Total Claims								
22	T-1	20	=	2	х	9.00	=	\$18.00
Independent Claims								
2	T-T	3	=	0	х	42.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								
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